

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16714 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate THOMAS EARL JR. EMMER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2133.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16715 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate RYAN K ZINKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 2133.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4266.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

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**03 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>2133.49</b>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16716</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <b>2133.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>2133.49</b>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16717</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought <b>2133.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4266.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <b>2133.49</b>		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.16718</b>		
Purpose of Expenditure <b>VOTER CONTACT MAIL</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>2133.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <b>2133.49</b>		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.16719</b>		
Purpose of Expenditure <b>VOTER CONTACT MAIL</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate <b>BENJAMIN E SASSE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NE</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>2133.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>4266.98</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16720 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate KELLY A AYOTTE		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16721 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate ROB PORTMAN		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4266.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16722 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate PATRICK JOSEPH TOOMEY		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2133.49
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Transaction ID : SE.16723 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>
Name of Federal Candidate TIMOTHY E SCOTT		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4266.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>2133.49</b>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16724</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate RONALD HAROLD JOHNSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2133.49</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>23468.39</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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